



SOUTH CAROLINA STATE

Women's Soccer QUESTIONNAIRE



Personal Information

Full Name: _____ Social Security No. _____
 Address: _____
 City, State, Zip: _____ Date of Birth _____
 Home Phone No. _____ FAX No. _____
 Mother's Name: _____ Business Phone (____) _____
 Father's Name: _____ Business Phone (____) _____
 E-Mail Address: _____
 Friends/Relatives Who Are SC State Alumni or Students _____

Academic Information

High School _____ Phone No. (____) _____
 Address _____ Guidance Counselor _____
 City, State, Zip _____ GPA _____ Class Rank _____
 Graduation Date _____ Best Score on SAT: M _____ V _____
 ACT: _____

College(s) attended

1) _____ Dates _____ Hrs. Completed with "C" or better _____
 GPA _____
 2) _____ Dates _____ Hrs. Completed with "C" or better _____
 GPA _____

Expected Major at SC State _____

Athletic Information

Height _____ Weight _____ Position _____
 HS Coach _____ HS Coach Address _____
 HS Coach Phone: Home- (____) _____ Work Phone (____) _____
 Club Team _____ Club Coach _____
 Club Coach Phone : Home- (____) _____ Work Phone (____) _____
 Soccer Awards & Honors _____

****Please Send A Copy Of you Transcript With This Questionnaire****

Please Return to: Amy Olson, Women's Soccer Office, South Carolina State University, Orangeburg, SC 29118

Soccer Office: 803-536-3620***Fax Number 803-536-8622

Email: aolson@scsu.edu